## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Vladimir BARANOV et al.

Title:

**ELEMENTAL ANALYSIS OF** 

TAGGED BIOLOGICALLY

**ACTIVE MATERIALS** 

Prior Appl. No.: 09/905,907

Prior Appl. Filing Date: 07/17/2001

Examiner:

Unknown

Art Unit:

Unknown

## CERTIFICATE OF EXPRESS MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450. EV003593872US July 3, 2003 (Express Mail Label Number) (Date of Deposit) Germaine Sarda (Printed Name)

## CONTINUING PATENT APPLICATION TRANSMITTAL LETTER

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

[ ] Continuation [ ] Division

[ X ] Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

## Enclosed are:

- Specification, Claim(s), and Abstract (92 pages).
- [ X ] Formal Drawings (11 sheets, Figs. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 and 11);
- [ X ] Application Data Sheet (37 CFR 1.76);
- [ X ] Return postcard.



The filing fee is calculated below:

	Claims	1	ncluded i	in	Extra				Fee
	as Filed	Basic Fee			Claims	Rate			Totals
Basic Fee							\$750.00		\$750.00
Total Claims:	36	-	20	· =	16	. <b>X</b>	\$18.00	=	\$198.00
Independen ts:	4		3	_ =	1	×	\$84.00	=	\$84.00
If any Multiple Dependent Claim(s) present: + \$280.00							=	\$280.00	
			•			•	SUBTOTAL:	=	\$1312.00
[ ]	Small	Entit	y Fees	Apply	(subtrac	ct ½	of above):	=	\$0.00
TOTAL FILING FEE:								=	\$1312.00

- [ X ] Please charge deposit account no. 50-0872 in the amount of \$1312.00 to cover the filing fee.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

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